

ROSEVILLE PUBLIC LIBRARY
LIBRARY CARD APPLICATION - Adults
(18 YEARS OF AGE AND OLDER)

DATE: _____

CARD #: _____

STAFF INITIALS: _____

First Name: _____ Middle Name: _____

Last Name: _____ DL# or State ID#: _____

(Other Form of Identification according to Library Cooperative Policy): _____

Pin #: _____ Birth Date: _____

Apt. or Lot #: _____ Phone #: _____

Address: _____

City or Township: _____ Zip Code: _____

Email Address: _____

Notifications regarding my account should be sent via: EMAIL TEXT

(Phone/Email if different from above: _____)

The library has permission to send emails regarding upcoming library programs and events. YES NO

I authorize _____ to discuss this account on my behalf.

The authorized user listed above has permission to pick up my library materials when I am unable to do so.

For Adults:

By signing this application, I hereby acknowledge that I am the named cardholder as listed above. I agree to return materials in good condition, pay any/all fees billed to my library card, and to give immediate notice of a lost or stolen card or change of contact information. I understand that the library may use a collection agency to assist with outstanding accounts. I accept full responsibility for this library card and agree to abide by the rules and regulations of the library. Library cards are non-transferable.

Signature: _____